

University of North Carolina Charlotte

Policy Report No. 9

Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations: Evaluation of NC Health Choice for Children

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EXECUTIVE SUMMARY

The "Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations: Evaluation of NC Health Choice for Children" presents research based on telephone interviews of a representative sample of Health Choice beneficiaries in North Carolina. This report presents the survey responses of beneficiaries to allow an assessment of health plan performance from the consumer perspective. In addition, the report compares significant differences between beneficiaries with a chronic health condition to those without a chronic condition.

The survey instrument utilized was designed to measure consumer perception of access, quality, and satisfaction. The access measures included perceived barriers to care as well as reported utilization, or realized care. The quality measures mainly focused on communication issues. The satisfaction ratings were a straightforward ranking of the various aspects of the health services received by the consumer in the six months prior to the survey. This survey was conducted from March 2000 through May 2000.

Overall, the consumer ratings showed good levels of realized access, few reports of perceived barriers and excellent marks for communication between providers and beneficiaries. Correspondingly, the satisfaction ratings for all aspects of the health services delivery were very high. There were some areas in need of improvement, but those are the exception rather than the rule. Similarly, there were few statistically significant differences between the chronic and non-chronic groups. Since there were so few questions that resulted in statistically significant differences between the chronic and non-chronic groups, those are highlighted in this report. However, those exceptions must be viewed in light of the overall high marks by all beneficiaries.

BACKGROUND

This Final Report of the "Statewide Assessment of Patient Experience in NC Health Choice for Children: Evaluation of NC Health Choice for Children" provides information about access, utilization and satisfaction from enrollees in North Carolina's child health insurance program (NC Health Choice). It is a companion volume to "The Statewide Assessment of Patient Experience of North Carolina Health Programs for Low-Income Populations." Together the two volumes present the results of a statewide telephone survey of populations enrolled in NC Health Choice and three Medicaid managed care programs--the principal state programs providing health care to low-income children and adults in North Carolina. (The Medicaid managed care programs include adults; NC Health Choice for Children is currently confined to children.)

NC Health Choice is the name of North Carolina's response to provisions in the Balanced Budget Act of 1997 authorizing states to establish child health insurance programs as part of Medicaid, as a separate program or as a combination of both options. North Carolina chose to start a separate program, which permitted the state to adopt a model of delivering and financing health care that differs from the Medicaid models. Specifically, NC Health Choice is an indemnity plan, which means that enrolled children

can go to any health provider who is willing to see them. The provider then bills Blue Cross-Blue Shield for payment. Blue Cross-Blue Shield, which administers the claims paying aspects of the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan, uses the same reimbursement criteria for children in NC Health Choice that it uses to pay for care rendered to State employees and their dependents. The state health plan is the largest self-insured employer plan in North Carolina with 508,000 state employees, retirees and covered dependents in 2001 (Stobbe, 2001; Paul Sebo, personal communication); 65,129 children were enrolled in NC Health Choice in June 2000 (Smith, 2001). Because of its size, the state health plan enjoys virtually universal acceptance across the state. Although reimbursement rates are the same as those received by health providers treating State employees, the benefit package of Health Choice has been improved so that it mirrors the comprehensive benefits offered by Medicaid (Brandon, Chaudry and Sardell, 2001).

In contrast, Medicaid requires its beneficiaries to enroll in managed care--Carolina ACCESS, ACCESS II, ACCESS III, or (in Mecklenburg County only) risk-contracting HMOs. The first three programs are forms of primary care case management in which a primary care physician receives a small monthly management fee to serve as medical care coordinator and gatekeeper for each Medicaid beneficiary. All medical services are reimbursed at established Medicaid fee-for-service rates. Federal regulations require that any child who is eligible for Medicaid must be enrolled in that program rather than in NC Health Choice. In general, the Medicaid program in which beneficiaries are enrolled depends on where they live rather than program choice. Thus, despite the diversity of programs for low-income children, there is not much opportunity for adverse or favorable risk selection among the different delivery and financing models. These considerations suggest that a nationally important natural experiment is occurring in North Carolina that merits the highest quality evaluation.

NC Health Choice covers children who are not eligible for Medicaid in families with incomes up to 200% of the federal poverty level (FPL). If family income rises above 200% but below 226% FPL after one year of NC Health Choice enrollment, one year of continued coverage can be purchased at "full premium cost"--currently \$120 per child per month (NC Senate Bill 2, 1998; June Milby, personal communication). Families with incomes above 150% FPL must pay an annual enrollment fee of \$50 for one child or \$100 for two or more children. There are no deductibles, but several copayments (\$5 for most physician and outpatient hospital visits, \$6 for outpatient prescription drugs, and \$20 for some emergency department visits that do not lead to hospitalization) are authorized (Brandon, Chaudry and Sardell, 2001; NC Senate Bill 2, 1998).

Several advantages seem to flow from North Carolina's decision to adopt an indemnity plan tied to its employee coverage. First, its relatively generous reimbursement rates are attractive to health providers. Second, the massive State Teachers and Employees Plan and the clout of Blue Cross-Blue Shield enhance acceptance of NC Health Choice by both health providers and potential enrollees. These factors serve to truly differentiate NC Health Choice from Medicaid, thereby minimizing

any stigma that some may attach to Medicaid as "welfare medicine." The legislative history of the "Act to Establish the Health Insurance Program for Children" shows that reducing stigma for families of the working poor was a consideration for some involved in the legislative process (Brandon, Chaudry, Sardell 2001).

Researchers at the University of North Carolina Charlotte conducted this research while under contract with the Division of Medical Assistance of the N.C. Department of Health and Human Services. The researchers hope that providing empirical information gathered from this unique group in a format that permits it to be compared with children in the Medicaid managed care populations will help program administrators, legislators, and the U.S. Health Care Financing Authority in making administrative and policy decisions.

The study used the Consumer Assessment of Health Plans Survey (CAHPS) instrument for all respondents. This survey, which was developed for the National Committee for Quality Assurance (NCQA), a nonprofit organization dedicated to developing objective, publicly available measures of quality and satisfaction in managed care plans, is the current state-of-the-art instrument in quality assessment. The U.S. Health Care Financing Administration mandates its use in evaluations of Medicaid managed care.

The UNC Charlotte researchers worked with the researchers at the Harvard University School of Medicine who had developed the initial survey instrument for NCQA to field test new questions developed to identify children with "special needs" (i.e., chronically ill children) using survey techniques. This collaboration, which was funded by the U.S. Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality), permitted both larger samples of some of the survey populations and a methodology for comparing experiences reported for chronically ill NC Health Choice children with reports for healthy kids.

Comparisons of chronically ill enrollees and healthier insureds are important in light of the conventional wisdom and some research suggesting that managed care does not perform as well as fee-for-service insurance in dealing with the needs of chronically ill members of vulnerable populations such as children in low-income families (Ware et al., 1996; Druss et al., 2000). The ability to identify children with special needs in the NC Health Choice population, a low-income population enrolled in an unmanaged fee-for-service plan, permits researchers to compare chronic and nonchronic low-income children enrolled over the full range of current coverage arrangements. The fact that very little risk selection is possible and that the populations enrolled in the four delivery and financing plans are similar increases the significance of the natural experiment.

METHODS

DESIGN

Data were collected for children from across North Carolina who had been continuously enrolled in NC Health Choice for at least six months prior to December 30, 1999. Parents and guardians of children in this program were surveyed by telephone between March 22, 2000, and May 16, 2000.

This report presents the results of that survey on issues of health status, access and quality of care as well as consumer satisfaction. In addition, this report also compares the responses of Health Choice parents of children with a chronic condition with those of parents of non-chronic children. The chronicity of a target child was determined by a series of screener questions added to the CAHPS instrument. The development and use of these screener questions is discussed in greater detail in Policy Report No. 8: Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations, which is the full CAHPS report on the NC Medicaid program. For the chronic/non-chronic comparison, only the questions that showed statistically significant variation between chronic and non-chronic respondents are discussed.

Concurrent with the Health Choice survey, the CAHPS instrument was also used to compare Medicaid children in three programs in all 100 counties. **Appendix A** shows the frequency of responses for children covered by Health Choice and for children in the Mecklenburg County HMO program, Carolina ACCESS, and combined ACCESS II and III programs.

POPULATION

The population for the North Carolina Health Choice (Health Choice) program consisted of recipients who had received health care services for at least six months prior to the date the sample was drawn. **Table 1** presents demographic information for the persons included in the population and the group surveyed.

SAMPLE

A random sample was drawn on December 30, 1999, from files of the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA). Respondent telephone numbers were obtained from the Departments of Social Services (DSS) for each county in North Carolina. The household-level and individual-level files and the telephone number files for each county were merged to create the sampling frames of individual recipients in the eligible program aid categories in each

county. The merged files contained every recipient's name, address, telephone number, demographic information, such as, sex, race, date of birth, ID, and program. **Table 1** provides detailed demographic information about the sample.

The recipients in Mecklenburg County were oversampled for logistical reasons. The availability of computer generated phone lists in Mecklenburg allowed an increase in the number of recipients surveyed. Mecklenburg county recipients represent 6.5% of the population, but 38% of the survey respondents. The **Addendum** to this report provides additional detail concerning the effect of this oversampling.

Chronic Identifier

For the purposes of this report, children who answered any one of the screener questions (q85-89 and their associated parts a and b) in the affirmative were considered to have a chronic condition. Grant funding from the U.S. Agency for Healthcare Research and Quality, through the Harvard University School of Medicine, permitted the investigators to increase the number of recipients surveyed. Using the screener question criterion approximately one quarter of the children were identified as having a chronic condition. There is a complete discussion of the development and validation of the screener questions contained in the report that presents the CAHPS results for the Medicaid population.

SURVEY

The Urban Institute at UNC-Charlotte conducted 923 telephone interviews of a parent or other knowledgeable adult, using the instrument appended to this report. Results of the survey are presented in **Appendix A**. A copy of the survey utilized is attached as **Appendix B**.

Response Rates

The response rate was calculated in accordance with CAHPS requirements. According to the CAHPS 2.0 Survey reporting requirements, the adjusted response rate is properly calculated by dividing the number of completed questionnaires by the total number of respondents selected, after the number of deceased and ineligible selected respondents are subtracted. A questionnaire is deemed complete if 10 or more key CAHPS questions contained responses. This formula is fairly stringent and does not allow exclusion of refusals, incompetent, non-locatable or unavailable respondents from the denominator. Using this calculation, the response rate for the Health Choice survey was 40%.

PROCEDURE

The UNC Charlotte Human Subjects Committee exempted the study from review. This exemption was granted because the study qualified as a demonstration project subject to the approval of the public agency heads, and was designed to examine a public benefit program. Participation in the interview implied consent with no incentives used.

The UNC Charlotte Urban Institute hired, trained, and supervised undergraduate students for the survey. Each undergraduate student interviewer participated in one of the three separate hour and a half-long training sessions held on March 22, March 23 and March 29, 2000, during which he or she received general background information about the study and reviewed the survey questions. There were 20 undergraduate surveyors, 15 of whom were female. There were 14 African-American, 5 White and one Middle-Eastern surveyors.

Telephone interviews were conducted from the UNC Charlotte Urban Institute offices on UNC Charlotte's main campus primarily between 5:00 and 9:00 p.m., Monday through Thursday. A survey supervisor was present every evening to answer interviewer and participant questions. Students made return calls for individuals available only during the day. Telephone interviews took approximately 15 to 20 minutes for respondents to complete. Replacement respondents were randomly selected to replace those individuals in the original sample who either could not be reached by telephone, were ineligible for or terminated from the program, or were unable or unwilling to participate. A recipient included in the sample was not replaced until each available phone number identified for that individual was called at least seven (7) times.

UNC Charlotte Urban Institute staff completed coding, entry, and validation of quantitative survey data. Accordingly, interviews were checked for completion and accuracy at the conclusion of the interview by the interviewer. Surveys were again reviewed for completeness and accuracy before data entry. As an additional precaution, the staff employed a data entry program that allowed only authentic responses to be entered. Entering data separately on two occasions ensured verification of data entry. The data program was then utilized to screen for discrepancies, allowing for the correction of any discrepant responses. Finally, The UNC Charlotte Urban Institute reviewed all completed surveys for potential errors in coding and entry of qualitative and quantitative data.

DATA ANALYSIS

Analysis of quantitative data was conducted using the Statistical Analysis System (SAS) PC version. Descriptive statistics including frequencies and percentages for categorical and ordinal data and measures of central tendency and variability for quantitative data were used. Chi-square tests were used to detect statistically significant differences and to calculate expected frequencies with categorical data. In all analyses, a statistical significance level of 0.05 was used and all "no response" or "don't know" answers were

eliminated. **Appendix A** includes the frequencies for all questions including the percentage of “no response” and “don’t know” answers. **Appendix A** also has information about which of the questions showed significant differences between chronic and non-chronic groups for North Carolina Health Choice and each of the Medicaid programs.

INSTRUMENT

The survey instrument utilized was the Consumer Assessment of Health Plans, commonly referred to as CAHPS. Questions in the CAHPS instrument address a wide variety of issues, with a primary focus on various issues associated with access to health care. In assessing access to care, the instrument explores barriers to health care, use of services, and the speed with which care is received. The questionnaire also has a significant emphasis on collecting information regarding quality issues and respondent satisfaction with care. In addition, one question in the instrument measures perceived health status.

CAHPS is a pre-tested and well-documented family of instruments designed to be appropriate for specific age groups and for different modes of health care delivery. The managed care version was used for all respondents.

NC Contribution to Development of “Screener Questions”

In addition, North Carolina served as a testing site for a new set of supplemental CAHPS questions. In collaboration with researchers in the Harvard Medical School and the University of Arkansas School of Medicine, the investigators included this new set of questions in the survey. This new set, which has now been titled the “Children with Special Healthcare Needs Module” (CHSN Module), was developed in an effort to standardize the identification of children with special needs and assess their receipt of health care services in the various delivery modes. As defined by the Maternal and Child Health Bureau in July, 1998, children with special healthcare needs are those with “[1] a chronic physical, developmental, behavioral, or emotional condition and [2] who also require health and related services of a type or amount beyond that required by children generally.” The NC CAHPS survey included these new questions, then referred to as the “screener” questions into the survey instrument in an effort to test their validity in identifying these children. Sixty (60) of the interviews with the child instruments were tape recorded and analyzed by researchers at the Center for Survey Research at the University of Massachusetts Boston as part of an ongoing effort to improve survey questions. (Fowler & Gallagher, 2000) The preliminary results produced by Joe Thompson, MD, at the University of Arkansas School of medicine indicate that this set of questions does appropriately identify children with on-going special healthcare needs.

CHARACTERISTICS OF POPULATION, SAMPLE & RESPONDENTS

A substantial amount of information was collected on the characteristics of the respondents. Much of this information is presented in detail in **Table 1**. However, it is helpful to point out here some of the more significant characteristics of the respondents.

RACE

The target children actually surveyed were 45% Black, 44% White and 5% Hispanic, with 6% falling into the “Other” category. These proportions differ from the comparable percentages in the NC Health Choice population. In the Health Choice population the percentage of Black recipients is 34.5% with White recipients representing 54.3%. The difference in the percentages is primarily attributed to the oversampling in Mecklenburg County where the percentage of Black recipients in the Health Choice population is 63.8%. See **Table 1** for further details.

AGE

The sample and Health Choice population had very similar age distributions. The majority of the children that were the subject of the survey were between the ages of 5 and 14. Approximately 60% of both the respondent group and the population contained children of this age. For the respondent group, 6.2% were two years or less, 6.5% were between 2 and 5, 22.6% were between 14 and 18 years old, and 4.8% were between 18 and 25. The respondent group had a higher percentage of children ages two years or less and a lower percentage of children between 2 and 5 years old. **Table 1** provides more detail on the age classification parameters and exact distribution.

GENDER

The ratio of males to females in the target children was well balanced. Approximately fifty percent of both the target children and the Health Choice population were female. **Table 1** provides additional details.

TABLE 1							
HEALTH CHOICE		Respondents		Sample		Population	
		Count	%	Count	%	Count	%
Gender	Female	466	50.5	1399	50.4	10741	49.3
	Male	457	49.5	1375	49.6	11047	50.7
	TOTAL	923		2774		21788	
Ethnic	Asian	7	0.8	45	1.6	186	0.9
Background	Black	418	45.3	1323	47.7	7516	34.5
	Hispanic	46	5.0	182	6.6	1188	5.5
	Native Am	17	1.8	34	1.2	453	2.1
	Other	28	3.0	72	2.6	608	2.8
	White	407	44.1	1118	40.3	11837	54.3
	TOTAL	923		2774		21788	
Age	0 <= 2	57	6.2	98	3.5	935	4.3
	2 <= 5	60	6.5	308	11.1	2596	11.9
	6 <= 14	553	59.9	1674	60.3	13051	59.9
	14 <= 18	209	22.6	579	20.9	4381	20.1
	18 <25	44	4.8	115	4.1	825	3.8
	TOTAL	923		2774		21788	

RESULTS FOR ALL RESPONDENTS REGARDLESS OF CHRONICITY OF TARGET CHILD

HEALTH STATUS OF TARGET CHILDREN

Health Status as Reported via Parent or Guardian

According to parental report, most of the target children were in either “excellent” or “very good” health at the time of the survey. Correspondingly, very few parents reported that their child was in “poor” or “fair” health. It is important to note that the survey question is phrased in very broad terms. Therefore, parents of children who do not have a chronic condition or any other long-term illness, but were nevertheless ill at the time of the survey with a benign, acute illness, such as the common cold, might have rated their child’s health as “Poor” or “Fair”. Similarly, parents of a child with a chronic condition that is well managed, such as diabetes, might rate their child’s overall health as “Good” or better. Therefore, the CAHPS survey also utilizes additional survey questions, discussed below, to determine the actual health status of the surveyed group.

Figure 1

Q83 In general, how would you rate your child's overall health status now?

		Freq	Cum. Freq	Percent	Cum. Percent
Excellent	*****	388	388	42.13	42.13
Very good	*****	290	678	31.49	73.62
Good	*****	186	864	20.20	93.81
Fair/Poor	***	57	921	6.19	100.00

-----+-----+-----+-----+
10 20 30 40
Percentage

Other Indicators of Health Status

Beyond direct assessment of current health status, the CAHPS survey also included many questions that indirectly assessed the relative health status of the target children. Many of these questions examined the target child's need for special services, such as medical equipment and home health care. Other questions dealt with the target child's physical limitations and health conditions. The vast majority of parents reported that their child did not need any special health care services or medical equipment, as **Figures 2 through 6** illustrate.

Figure 2

Q44 Does your child have health care needs that require any special help from teachers, nurses, or staff at your child's school or day care program?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	**	95	95	12.09	12.09
No	*****	691	786	87.91	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

Figure 3

Q55 In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*	36	36	3.91	3.91
No	*****	885	921	96.09	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

Q57 In the last 6 months, did your child need special therapy, such as physical, occupational, or speech therapy?

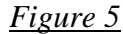


Figure 6

Screeners Questions

16

Figure 7

Q85 Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

		Freq	Cum. Freq	Percent	Cum. Percent
No	*****	735	735	79.63	79.63
Yes	****	188	923	20.37	100.00
-----+-----+-----+-----+					
20 40 60 80					
Percentage					

Figure 8

Q86 Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

		Freq	Cum. Freq	Percent	Cum. Percent
No	*****	857	857	92.85	92.85
Yes	*	66	923	7.15	100.00
-----+-----+-----+-----+					
20 40 60 80					
Percentage					

Figure 9

Q87 Is your child limited or prevented in any way in his or her ability to do the things most children the same age can do?

		Freq	Cum. Freq	Percent	Cum. Percent
No	*****	881	881	95.45	95.45
Yes	*	42	923	4.55	100.00
-----+-----+-----+-----+					
20 40 60 80					
Percentage					

Figure 10

Q88 Does your child need or get special therapy, such as physical, occupational, or speech therapy?

		Freq	Cum. Freq	Percent	Cum. Percent
No	*****	910	910	98.59	98.59
Yes	*	13	923	1.41	100.00
-----+-----+-----+-----+					
20 40 60 80 100					
Percentage					

Figure 11

Q89 Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

		Freq	Cum. Freq	Percent	Cum. Percent
No	*****	875	875	94.80	94.80
Yes	*	48	923	5.20	100.00
-----+-----+-----+-----+					
20 40 60 80					
Percentage					

GENERAL CHARACTERISTICS OF HEALTH CARE DELIVERY

The CAHPS survey instrument examined two different types of issues with regard to how services were delivered to children: (1) continuity of care, and (2) the type of doctor most regularly seen by the child.

Continuity of Care-

Receipt of a new personal health care provider upon enrollment and the length of the child's relationship with his/her personal physician were utilized to assess continuity of care for target children. Continuity of care is an important issue in the assessment of health care delivery modes for all populations. Accordingly, one of the CAHPS survey questions sought to determine whether or not the target child received a new personal doctor or nurse upon enrollment in Health Choice, or at any time subsequent to enrollment. As is clear from **Figure 12**, most parents reported that their child did not receive a new personal physician either upon enrollment or up until the date of the survey.

In addition, for those parents who reported that their child had a personal doctor at the time of the survey, a related question addressed the length of time the child had been a patient of that provider. Most parents reported that their child had been seeing this personal physician for at least 2 years, as is illustrated in **Figure 13**. These results are not surprising because NC Health Choice operates as an indemnity plan allowing the parents greater options in selecting providers than with an HMO.

Figure 12

Q3 A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	148	148	16.05	16.05
No	*****	774	922	83.95	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+-----
10 20 30 40 50 60 70 80
Percentage

Figure 13

Q6a How many months or years has your child been going to his/her personal doctor or nurse?

		Freq	Cum. Freq	Percent	Cum. Percent
< 6 mo	**	25	25	3.81	3.81
6 to 12 mo	****	53	78	8.07	11.87
12 to 24 mo	*****	107	185	16.29	28.16
2 to 5 yrs	*****	241	426	36.68	64.84
5+ yrs	*****	231	657	35.16	100.00

-----+-----+-----+-----
10 20 30
Percentage

Specialty of Personal Physician-

One survey question addressed the type of health care professional the respondent considered to be the child's personal doctor or nurse. A slight majority of parents reported that their child's personal physician at the time of the survey was a pediatrician. The next most frequent type of physician reported was a general doctor, as is illustrated in **Figure 14**. A second, somewhat related, question asked parents of children who had seen a specialist whether the specialist was the same as the child's personal doctor. As is clear from **Figure 15**, only a small percentage of the 180 parents whose child had seen a specialist reported that the specialist was their child's personal doctor. Parents whose child did not see a specialist in the six months prior to the survey did not address this survey question.

Figure 14

Q6 Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse practitioner?

		Freq	Cum. Freq	Percent	Cum. Percent
Gen. doctor	*****	252	252	38.01	38.01
Pediatrician	*****	366	618	55.20	93.21
Specialist	*	22	640	3.32	96.53
Phys. Asst.	*	12	652	1.81	98.34
Nurse Pract.	*	11	663	1.66	100.00

-----+-----+-----+-----+-----
10 20 30 40 50
Percentage

Figure 15

Q15 In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	32	32	18.93	18.93
No	*****	137	169	81.07	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70 80
Percentage

ACCESS

Potential Access or Capacity to Provide Care-

Association with a clearly identifiable primary care physician (PCP) has been associated with more efficient utilization patterns and improved health outcomes for some populations. The ability to consistently access an identifiable PCP is a significant factor in Medicaid beneficiary satisfaction levels. (Chaudry, 2001) Potential access to PCP's and to specialists when warranted are, therefore, key factors in assessing the performance of a health service delivery mode. As **Figure 16** demonstrates, the majority of parents reported that their child had a personal physician at the time of the survey. However, there is substantial room for improvement, as at least one in four target Health Choice children did not have an identifiable personal physician from which to receive primary care. Because this program functions as an indemnity plan administered by Blue Cross-Blue Shield in a manner similar to its operation of the health benefits plan for the NC state employees, Health Choice does not share Medicaid's emphasis on securing a PCP for each enrollee.

Figure 16

Q5 Do you have one person you think of as your child's personal doctor or nurse?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	664	664	72.02	72.02
No	*****	258	922	27.98	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70
Percentage

Perceived Barriers to Care-

Few parents reported any problems in obtaining needed services for their child. Perceived access to health care in general as well as to particular services such as primary care, specialty care and urgent care appears to be fairly high, as **Figure 17** illustrates.

Figure 17

Q25 In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem		10	10	1.57	1.57
Small problem	*	43	53	6.74	8.31
Not a problem	*****	585	638	91.69	100.00

Percentage

-Personal Doctor

Of the parents whose child did receive a new personal physician around the time of enrollment in Health Choice, there were few that reported any difficulties in finding a satisfactory personal physician as **Figure 18** illustrates. However, it is important to note that many of the respondents did not answer this question because their child had not received a new physician. The responses exclude those respondents whose children continued to see the same physician or whose children did not have a personal doctor at the time of the survey. This question may be somewhat misleading because NC Health Choice is not a managed care plan that would emphasize assignment to a primary care provider (PCP).

Figure 18

Q4 With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	*	6	6	4.08	4.08
Small problem	*	7	13	4.76	8.84
Not a problem	*****	134	147	91.16	100.00

Percentage

-Specialty Care

Figure 19 demonstrates that few parents reported that either they or their child's doctor thought that the target child needed to see a specialist in the six months prior to the survey. Of those respondents who did report a need for a specialist, the majority reported that it was "not a problem" to receive a referral. However, this leaves one in five parents reporting some level of a problem accessing referrals for their child, as is shown in **Figure 20**.

Figure 19

Q11 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	180	180	19.52	19.52
No	*****	742	922	80.48	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70 80
Percentage

Figure 20

Q12 In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	**	17	17	9.77	9.77
Small problem	**	17	34	9.77	19.54
Not a problem	*****	140	174	80.46	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Emergency Department

As is clear from **Figure 21**, the majority of parents did not report that their child was in need of urgent care for an injury or illness in the six months prior to the survey. For those who did report a need for urgent care, few reported any problems in accessing an emergency room. **Figure 22** shows that most parents whose child needed such services said it was "not a problem" to get that care. However, since only those parents who reported a need for this service addressed this question, the percentage that reported some level of problem for this time-sensitive service should receive heightened focus.

Figure 21

Q20 In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	310	310	33.59	33.59
No	*****	613	923	66.41	100.00

-----+-----+-----+-----+-----+-----+-----
10 20 30 40 50 60
Percentage

Figure 22

Q22 In the last 6 months, how much of a problem, if any, was it to get emergency room care for your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem		6	6	2.26	2.26
Small problem	**	25	31	9.43	11.70
Not a problem	*****	234	265	88.30	100.00

-----+-----+-----+-----+-----
20 40 60 80
Percentage

-Prescription Drugs

Figure 23 illustrates that of the parents whose child needed a prescription medication during the six months prior to the survey, the vast majority reported it was “not a problem” to obtain them.

Figure 23

Q79 In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine through his or her health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem	*	13	13	2.67	2.67
Small problem	*	15	28	3.08	5.75
Not a problem	*****	459	487	94.25	100.00

-----+-----+-----+-----+-----
20 40 60 80
Percentage

-Specialized Services

Three questions of interest addressed more specialized services, such as counseling, physical therapy and medical equipment. Only a limited number of

respondents addressed these questions because most of the target children did not need these items in the six months prior to the survey. The majority of parents who reported a need for specialized services for their child said that it was not a problem to obtain access to those services, as is illustrated in **Figures 24, 25 and 26.**

Figure 24

Q56 In the last 6 months, how much of a problem, if any, was it to get the special medical equipment your child needed through your health plan?

			Cum. Freq	Cum. Freq	Percent	Cum. Percent
Big problem	**		4	4	11.43	11.43
Small problem	**		3	7	8.57	20.00
Not a problem	*****		28	35	80.00	100.00
-----+-----+-----+-----+						
20 40 60 80						
Percentage						

Figure 25

Q58 In the last 6 months, how much of a problem, if any, was it to get the special therapy your child needed through your child's health plan?

			Cum. Freq	Cum. Freq	Percent	Cum. Percent
Big problem	****		5	5	18.52	18.52
Small problem	*		2	7	7.41	25.93
Not a problem	*****		20	27	74.07	100.00
-----+-----+-----+-----+						
20 40 60						
Percentage						

Figure 26

Q62 In the last 6 months, how much of a problem, if any, was it for you to get this treatment or counseling through your child's health plan?

			Cum. Freq	Cum. Freq	Percent	Cum. Percent
Big problem	*		5	5	6.94	6.94
Small problem	**		6	11	8.33	15.28
Not a problem	*****		61	72	84.72	100.00
-----+-----+-----+-----+						
20 40 60 80						
Percentage						

Realized Access or Obtained Care

-Appointments

A slight majority of the parents reported that they made an appointment for routine care for their child during the six months prior to the survey, as **Figure 27** illustrates.

Figure 27

Q18 A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	496	496	53.74	53.74
No	*****	427	923	46.26	100.00

-----+-----+-----+-----+-----+-----
10 20 30 40 50
Percentage

-Office Visits (Q24)

The majority of parents reported that their child made at least one visit to a doctor's office, excluding an emergency department, as **Figure 28** illustrates. This is a highly positive finding as there is general agreement that "preventive care is fundamental to child health care. Children are and should be high utilizers of preventive services because the appropriate receipt of preventive services may reduce adverse health outcomes later in life." (Szilagyi, 1998)

Figure 28

Q24 In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

		Freq	Cum. Freq	Percent	Cum. Percent
0	*****	284	284	30.80	30.80
1	*****	194	478	21.04	51.84
2-4	*****	356	834	38.61	90.46
5 or more	*****	88	922	9.54	100.00

-----+-----+-----+-----+-----
10 20 30
Percentage

-Specialist Visits

The majority of respondents reported that their child had not seen a specialist in the six months prior to the survey, as **Figure 29** illustrates.

Figure 29

Q13 In the last 6 months, did your child see a specialist?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	171	171	18.53	18.53
No	*****	752	923	81.47	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70 80
Percentage

-Emergency Department

As is clear from **Figure 30**, the majority of respondents reported that their child did not make any visits to an emergency room during the relevant time period. In light of the current nationwide emphasis on moving patients away from costly emergency settings to more appropriate care in primary care providers' offices, this is a favorable finding.

Figure 30

Q23 In the last 6 months, how many times did your child go to an emergency room?

		Freq	Cum. Freq	Percent	Cum. Percent
0	*****	731	731	79.46	79.46
1	***	147	878	15.98	95.43
2-4	*	39	917	4.24	99.67
5 or more		3	920	0.33	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Telephone Contact with Doctor's Office

Just under one-half of parents reported that they placed a call to a doctor's office during regular business hours, as is clear from **Figure 31**. Of the parents who did place such a call, the vast majority reported that they either "always" or "usually" received the help needed. **Figure 32** demonstrates the frequencies of the various responses.

Figure 31

Q16 In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	453	453	49.13	49.13
No	*****	469	922	50.87	100.00

-----+-----+-----+-----+
10 20 30 40 50
Percentage

Figure 32

Q17 In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Never		6	6	1.33	1.33
Sometimes	*	31	37	6.87	8.20
Usually	**	51	88	11.31	19.51
Always	*****	363	451	80.49	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Prescription Drugs

A slight majority of parents reported that their child received a new prescription or had an older one refilled in the six months prior to the survey, as is demonstrated in **Figure 33**. For those who reported a need for prescriptions, **Figure 34** shows that the vast majority said that they “always” received medication.

Figure 33

Q78 In the last 6 months, did your child get any new prescription medicine or refill a prescription?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	487	487	52.76	52.76
No	*****	436	923	47.24	100.00

-----+-----+-----+-----+-----+
10 20 30 40 50
Percentage

Figure 34

Q80 In the last 6 months, how often did your child get the prescription medicine he or she needed through the health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Never		4	4	0.82	0.82
Sometimes	*	21	25	4.31	5.13
Usually	*	16	41	3.29	8.42
Always	*****	446	487	91.58	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Appointment for Regular or Routine Care

Figure 35

		Freq	Cum. Freq	Percent	Cum. Percent
Never	*	10	10	2.02	2.02
Sometimes	***	38	48	7.68	9.70
Usually	*****	112	160	22.63	32.32
Always	*****	335	495	67.68	100.00

Percentage

Figure 36

		Cum.		Cum.	
		Freq	Freq	Percent	Percent
Never	*****	222	222	34.85	34.85
Sometimes	*****	253	475	39.72	74.57
Usually	*****	74	549	11.62	86.19
Always	*****	88	637	13.81	100.00

-----+-----+-----+-----+

10 20 30 40

Percentage

-Care Needed “Right Away”

The majority of parents who reported a need for urgent care felt that they were able to access that care as soon as was desired, as illustrated in **Figure 37**. It is encouraging that the percentage which reported that they “always” received urgent care for their child as soon as they wanted was higher than for those who reported timely appointments for routine care in response to Question 19. The very nature of “urgent care” would deem timeliness to be of greater importance.

Figure 37

Q21 In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

		Freq	Cum. Freq	Percent	Cum. Percent
Never		5	5	1.62	1.62
Sometimes	*	14	19	4.55	6.17
Usually	**	38	57	12.34	18.51
Always	*****	251	308	81.49	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Plan Approval

Few respondents reported any level of problems with their child’s health care that were caused by a delay in health plan approval. **Figure 38** shows that the majority of parents reported that they did not have any problems caused by health plan approval delays.

Figure 38

Q26 In the last 6 months, how much of a problem, if any, were delays in your child’s health care while you waited for approval from your child’s health plan?

		Freq	Cum. Freq	Percent	Cum. Percent
Big problem		15	15	2.35	2.35
Small problem	*	28	43	4.40	6.75
Not a problem	*****	594	637	93.25	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

QUALITY

Communication

-Doctor's Office Staff

The majority of parents reported favorable experiences with staff at the target child's doctor's office. **Figure 39** illustrates that the majority felt that the staff "always" treated both parents and children with courtesy and respect. Similarly, most parents felt that the office staff were "always" as helpful as the parents would like, as is clear from **Figure 40**. However, these results do leave room for improvement

Figure 39

Q28 In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

		Freq	Cum. Freq	Percent	Cum. Percent
Never		4	4	0.63	0.63
Sometimes	*	18	22	2.82	3.45
Usually	**	62	84	9.72	13.17
Always	*****	554	638	86.83	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

Figure 40

Q29 In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

		Freq	Cum. Freq	Percent	Cum. Percent
Never		5	5	0.78	0.78
Sometimes	*	36	41	5.63	6.42
Usually	***	89	130	13.93	20.34
Always	*****	509	639	79.66	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Doctor-Patient and Doctor-Parent Communication

Most parents appear to be highly satisfied with the level of communication that they have experienced with their child's doctor. As **Figures 41** and **42** illustrate, the majority of parents reported that their child's doctor "always" listened carefully to what the parent said and showed respect for parental comments. A slightly higher majority of parents reported that their child's doctor "always" explained things in a manner that parents understood. **Figure 43** provides further detail. Furthermore, **Figure 44** illustrates

Health care providers also appear to have gone beyond good verbal communication and attempted to provide support and assistance to parents. For example, **Figure 45** shows that a majority of parents reported that the doctor “always” talked to parents about skills needed to take care of their child. Similarly, as shown in **Figure 46**, most parents reported that the doctor “always” provided support for the care the parent gave to the child. Finally, one-half of parents reported that their child’s doctor “always” talked with them about how their child was growing, feeling or behaving as is clear from **Figure 47**. While these results are promising, there is room for improvement in communication between parents and doctors about issues surrounding child development.

Q30 In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

Q35 In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

Q32 In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

Capacity to Provide Quality Care

-Length of Visits

The majority of parents were satisfied with the amount of time doctors spent with their child. **Figure 48** demonstrates that the majority of parents reported that doctors “always” spent enough time with their child with an additional number reporting this “usually” happened.

Figure 48

Q38 In the last 6 months, how often did doctors or other health providers spend enough time with you and your child?

		Freq	Cum. Freq	Percent	Cum. Percent
Never/Sometimes	**	52	52	8.15	8.15
Usually	****	120	172	18.81	26.96
Always	*****	466	638	73.04	100.00

-----+-----+-----+-----
20 40 60
Percentage

-Understanding of Effect of Patient’s Health

Figure 49 illustrates an additional favorable finding in this area. The vast majority of parents whose child had a personal physician reported that this doctor understood how the child’s health condition affected his or her daily life.

Figure 49

Q9 Does your child’s personal doctor or nurse understand how any health conditions your child has affect his or her day-to-day life?

		Freq	Cum. Freq	Percent	Cum. Percent
Yes	*****	622	622	96.14	96.14
No	*	25	647	3.86	100.00

-----+-----+-----+-----
20 40 60 80
Percentage

Preventive Care

The CAHPS instrument attempted to assess the success of the program in childhood immunization. One survey question asked parents of children under 2 years of

age, whether or not they had received a reminder notice for check-ups or immunization shots or drops. As **Figure 50** demonstrates, the majority of parents of children under 2 years old reported that they did recall receiving a notice. Even though this leaves 13% without recall of such a notice, 92% of the parents of children under 2 reported that their child had been seen by a provider for either a check-up or for immunization, as is illustrated in **Figure 51**. These reported rates are higher than the Healthy People 2000 goal of 90% child immunization. It is important to note that the number of respondents addressing these questions was fairly small because only 58 of the target children were less than 2 years of age.

Figure 50

Q51 Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone or in-person during a visit. After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Yes	*****	47	47	87.04	87.04
No	*****	7	54	12.96	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+-----
10 20 30 40 50 60 70 80
Percentage

Figure 51

Q52 Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Yes	*****	49	49	92.45	92.45
No	**	4	53	7.55	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+-----
20 40 60 80
Percentage

Bureaucracy

Bureaucracy refers to the respondents' experiences with the administrative aspects of the health service delivery mode that serves their child. This includes information about services offered under a plan, paperwork associated with a plan and telephonic communications with plan representatives.

The majority of parents reported that they received some type of information about their child's health plan services before enrollment. However, as is clear from **Figure 52**, this leaves more than one out of four parents without any type of information that they recall receiving in any fashion. Similarly, **Figure 53** shows that few parents reported that they had experience with paperwork in connection with their child's health

plan. Of those who did report experience with paperwork, very few reported any problems in connection with it, as is illustrated in **Figure 54**. A small number of parents reported that they called their child's health plan for assistance in the six months prior to the survey, as is evident from **Figure 55**. Of those who did place such a call, the majority reported that it was "not a problem" to obtain the assistance needed. However, as is clear from **Figure 56**, a fairly substantial number of parents reported some level of difficulty in obtaining needed help from customer service at their child's health plan.

Figure 52

Q69 You can get information about your child's plan services in writing, by telephone, or in-person. Did you get any information about your child's health plan before you signed him or her up for it?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Yes	*****	657	657	71.65	71.65
No	*****	260	917	28.35	100.00

-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70
Percentage

Figure 53

Q75 Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child. In the last 6 months, did you have any experiences with paperwork for your child's health plan?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Yes	*****	177	177	19.18	19.18
No	*****	746	923	80.82	100.00

-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70 80
Percentage

Figure 54

Q76 In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Big problem	**	17	17	9.60	9.60
Small problem	***	24	41	13.56	23.16
Not a problem	*****	136	177	76.84	100.00

-----+-----+-----+-----+
20 40 60
Percentage

Figure 55

Q73 In the last 6 months, did you call the health plan's customer service to get information or help for your child?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Yes	*****	195	195	21.22	21.22
No	*****	724	919	78.78	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+
10 20 30 40 50 60 70 80
Percentage

Figure 56

Q74 In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
Big/Small	*****	52	52	26.80	26.80
Not a problem	*****	142	194	73.20	100.00

-----+-----+-----+-----+
20 40 60
Percentage

SATISFACTION

Patient, or parental, satisfaction has been “associated with such medically and economically important outcomes to therapeutic regimen, understanding and retention of medical information and continuity of care.” (Lewis, Scott, Pantell, Wolf, 1986) Five questions in the CAHPS survey addressed satisfaction with the health services received through Health Choice. The means for each question appear here. It is important to note that only a small number of respondents answered Questions 14 and 64 since few of the target children utilized those services.

Mean Rating

Scale: 0 = worst possible rating

10 = best possible rating

Q8 (rating of personal doctor nurse)	Mean rating = 9.07	(n=659)
Q14 (rating of specialist)	Mean rating = 8.89	(n=169)
Q39 (rating of all health care)	Mean rating = 9.04	(n=636)
Q64 (rating of treatment and counseling)	Mean rating = 8.64	(n=56)
Q77 (rating of health plan)	Mean rating = 9.26	(n=907)

These questions were analyzed in a variety of ways to address several issues. The CAHPS manual suggests two versions of dividing the 0 to 10 scale into categories, namely (0-6, 7-8, 9-10) or (0-7,8-9,10). For this report the 0-10 scales were combined into 4 categories with 0-7 in one category and each of the others analyzed separately. A large percentage of respondents gave ratings of 10, with few or none giving a 0 or 1, therefore justifying the aggregation of the 0-7 ratings. In fact, the percentage of ratings 0-7 combined was smaller than the percentage responding with a 10. Furthermore, a decision was made to keep 8 and 9 separate as it seemed that the discrimination between 8 and 9 might be particularly instructive. Multiple studies have reported that patients tend to give very high ratings to individual physicians. Therefore, results that are less than perfect should be highlighted.

Using the 4-category recoding, the data were analyzed using analysis of variance (ANOVA), or general linear model, comparing satisfaction between chronic and non-chronic (defined by the combination of screener questions q85 to q89). In addition chi square tests of association were run to have a clearer way of presenting the results and to circumvent the problem of the skewness of the data that resulted from such a large proportion of persons giving a rating of 10.

Figure 57

Q8 We want to know your rating of your child's personal doctor or nurse. (If your child has more than one personal doctor or nurse, choose the person your child sees most often.) Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

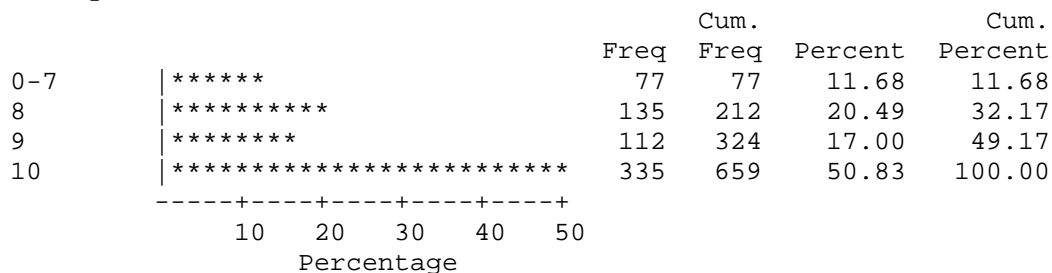


Figure 58

Q14 We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he/she was a specialist. Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

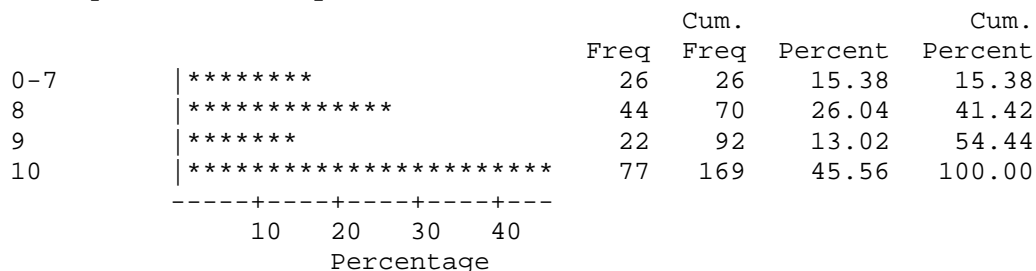


Figure 59

Q39 We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
0-7	*****	74	74	11.64	11.64
8	*****	127	201	19.97	31.60
9	*****	136	337	21.38	52.99
10	*****	299	636	47.01	100.00

-----+-----+-----+-----+-----
10 20 30 40
Percentage

Figure 60

Q64 We want to know your rating of your child's treatment or counseling for emotional, developmental, or behavior difficulties. Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your child's treatment or counseling now?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
0-7	*****	14	14	25.00	25.00
8	*****	15	29	26.79	51.79
9	****	4	33	7.14	58.93
10	*****	23	56	41.07	100.00

-----+-----+-----+-----+-----
10 20 30 40
Percentage

Figure 61

Q77 We want to know your rating of all your experience with your child's health plan. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

			Cum.		Cum.
		Freq	Freq	Percent	Percent
0-7	****	76	76	8.38	8.38
8	*****	143	219	15.77	24.15
9	*****	154	373	16.98	41.12
10	*****	534	907	58.88	100.00

-----+-----+-----+-----+-----+-----
10 20 30 40 50
Percentage

RESULTS OF COMPARISION BY CHRONICITY

For purposes of this report, as discussed previously, a target child was considered to have a chronic condition if the parent answered “Yes” to all three parts any one of the Screener Questions (Questions 85 to 89). The Screener Questions have a main section, followed by sub-parts “a” and “b”. Part “a” of each question addressed whether the response to the main stem of the question refers to a medical or health condition; part b addressed whether this condition was expected to last for at least 12 months. Using this criterion, 222 persons (24% of the survey group) were identified as chronic. This compares to 29% of children from a related survey of Medicaid children who were so identified.

In this section of the report, only the results of questions that showed **significant** differences between chronic and non-chronic groups are presented. The significance level of .05 is the threshold level used throughout this report.

Figure 62

Combination of Q85 - Q89

		Freq	Cum. Freq	Percent	Cum. Percent
Non-Chron	*****	701	701	75.95	75.95
Chronic	*****	222	923	24.05	100.00

-----+-----+-----+-----+-----+-----+-----+-----+-----+-----
10 20 30 40 50 60 70
Percentage

HEALTH STATUS OF TARGET CHILDREN

Health Status as Reported via Parent or Guardian

Question 83 asked respondents to rate the health status of their children on a 5-point scale from “Excellent” to “Poor.” As would be expected, the parents of children with a chronic condition were significantly more likely to report “Fair” or “Poor” health and less likely to report “Excellent” or “Very Good” health of the target child. **Figure 63** illustrates the differences between the chronic and non-chronic groups for this parental report of health status.

Figure 63

Q 83 In general, how would you rate your child’s overall health now?

		Cum.		Cum.	
Non-chronic		Freq	Freq	Percent	Percent
Excellent	*****	332	332	47.43	47.43
Very Good	*****	228	560	32.57	80.00
Good	*****	125	685	17.86	97.86
Fair/Poor	*	15	700	2.14	100.00
Chronic					
Excellent	*****	56	56	25.34	25.34
Very Good	*****	62	118	28.05	53.39
Good	*****	61	179	27.60	81.00
Fair/Poor	*****	42	221	19.00	100.00

-----+-----+-----+-----+-----
10 20 30 40
Percentage

Other Indicators of Health Status

As would also be expected, significantly more parents of chronic children reported a need for specialized services or assistance with activities of daily living for the target child. **Figures 64** through **67** demonstrate the differences between the two groups.

Figure 64

Q44 Does your child have health care needs that require any special help from teachers, nurses, or staff at your child's school or day care program?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*	29	29	4.97	4.97
	No	*****	554	583	95.03	100.00
Chronic	Yes	*****	66	66	32.51	32.51
	No	*****	137	203	67.49	100.00

-----+-----+-----+-----+-----
20 40 60 80
Percentage

Figure 65

Q55 In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes		15	15	2.14	2.14
	No	*****	685	700	97.86	100.00
Chronic	Yes	**	21	21	9.50	9.50
	No	*****	200	221	90.50	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 66

Q57 In the last 6 months, did your child need special therapy, such as a physical, occupational, or speech therapy?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes		16	16	2.28	2.28
	No	*****	685	701	97.72	100.00
Chronic	Yes	*	16	16	7.21	7.21
	No	*****	206	222	92.79	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 67

Q61 In the last 6 months, did your child need any treatment or counseling for an emotional, developmental, or behavior difficulty?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*	18	18	2.57	2.57
	No	*****	683	701	97.43	100.00
Chronic	Yes	*****	59	59	26.58	26.58
	No	*****	163	222	73.42	100.00

-----+-----+-----+-----+-----+
20 40 60 80
Percentage

Screeners Questions (Q85-Q89)

As discussed previously, five questions were added to the CAHPS survey to test the instrument's ability to identify children with special needs. As would be expected, significantly more of the parents of chronic children responded in the affirmative to each of the five screener questions. Because all respondents in the non-chronic group would have answered "No" to this question set, only the results for the chronic group are presented.

Figure 68

Q85 Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	***	34	34	15.32	15.32
	Yes	*****	188	222	84.68	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 69

Q86 Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	*****	156	156	70.27	70.27
	Yes	*****	66	222	29.73	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 70

Q87 Is your child limited or prevented in any way in his or her ability to do the things most children the same age can do? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	*****	180	180	81.08	81.08
	Yes	****	42	222	18.92	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 71

Q88 Does your child need or get special therapy, such as physical, occupational, or speech therapy? For any medical, behavioral, or other health condition? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	*****	209	209	94.14	94.14
	Yes	*	13	222	5.86	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

Figure 72

Q89 Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling? Expected to last for at least 12 months?

			Freq	Cum. Freq	Percent	Cum. Percent
Chronic	No	*****	174	174	78.38	78.38
	Yes	****	48	222	21.62	100.00

-----+-----+-----+-----+-----+
20 40 60 80 100
Percentage

GENERAL CHARACTERISTICS OF HEALTH CARE DELIVERY

No significant variation between the responses of parents of children with a chronic condition and parents of non-chronic children emerged on either of the survey questions that addressed continuity of care. However, as would be expected there were statistically significant differences between the responses of parents of chronic children and those parents of non-chronic children as to the specialty of their child's personal doctor. As is illustrated in **Figure 73**, children without a chronic condition were more

likely to use a pediatrician for a personal doctor than any other type of health care provider. Children with a chronic condition also most frequently used a pediatrician for a personal doctor, but were three times more likely to use a specialist than non-chronic children. As a final note, it is interesting that among parents who reported that their child had seen a specialist in the 6 months prior to the survey, there were no significant differences between the chronic and non-chronic groups as to whether or not that specialist was also their child's doctor.

Figure 73

Q6 Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse practitioner?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Gen. doctor	*****	178	178	37.47	37.47
	Pediatrician	*****	274	452	57.68	95.16
	Specialist		10	462	2.11	97.26
	Phys. Asst.		7	469	1.47	98.74
	Nurse Pract.		6	475	1.26	100.00
Chronic	Gen. doctor	*****	74	74	39.36	39.36
	Pediatrician	*****	92	166	48.94	88.30
	Specialist	*	12	178	6.38	94.68
	Phys. Asst.	*	5	183	2.66	97.34
	Nurse Pract.	*	5	188	2.66	100.00
-----+-----+-----+						
20 40 60						
Percentage						

ACCESS

Potential Access or Capacity to Provide Care-

Having an identifiable personal physician is frequently associated with increased potential access to a variety of health care services. Parents of chronic children were significantly more likely than parents of non-chronic children to report that their child had a personal physician. These results are illustrated in **Figure 74**.

Figure 74

Q5 Do you have one person you think of as your child's personal doctor or nurse?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
non_chr	Yes	*****	476	476	68.00	68.00
	No	*****	224	700	32.00	100.00
chronic	Yes	*****	188	188	84.68	84.68
	No	***	34	222	15.32	100.00
-----+-----+-----+						
20 40 60 80						
Percentage						

Perceived Barriers to Care

There were also statistically significant differences between the responses of parents based on the chronicity of their child as to whether or not the parent had difficulty in obtaining access to a variety of services. Parents of children with a chronic condition were much more likely to report “big problems” with obtaining needed care and less likely to report “no problems”, as **Figure 75** shows. While parents of chronic children were more likely to report that their child had a personal physician, they were also significantly more likely to report more difficulties obtaining a satisfactory physician, as is clear from **Figure 76**. However, it is important to note that many of the respondents did not answer this particular question because their child had not received a new physician. The responses exclude those respondents whose children continued to see the same physician or whose children did not have a personal doctor at the time of the survey.

Figure 75

Q25 In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Big problem		2	2	0.44	0.44
	Small problem	*	28	30	6.18	6.62
	Not a problem	*****	423	453	93.38	100.00
Chronic	Big problem	*	8	8	4.32	4.32
	Small problem	*	15	23	8.11	12.43
	Not a problem	*****	162	185	87.57	100.00
-----+-----+-----+						
			30	60	90	
			Percentage			

Figure 76

Q4 With the choices your child’s health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Big problem		1	1	0.97	0.97
	Small problem	*	5	6	4.85	5.83
	Not a problem	*****	97	103	94.17	100.00
Chronic	Big problem	**	5	5	11.36	11.36
	Small problem	*	2	7	4.55	15.91
	Not a problem	*****	37	44	84.09	100.00
-----+-----+-----+						
			30	60	90	
			Percentage			

-Specialty Care

As would be expected, significantly more of the parents of chronic children reported that either they or a doctor felt their child needed to see a specialist in the six months prior to the survey. It is interesting, however, that of those respondents who reported a need for a specialist, significant variation between the chronic and non-chronic groups did not emerge as to whether or not it was a problem to obtain a referral to a specialist.

Figure 77

Q11 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Yes	***	103	103	14.71	14.71
	No	*****	597	700	85.29	100.00
Chronic	Yes	*****	77	77	34.68	34.68
	No	*****	145	222	65.32	100.00

-Emergency Department

Significantly more parents of chronic children reported a need for care needed “right away” than parents of non-chronic children. However, for those who did report a need for urgent care in the six months prior to the survey, there were no significant differences as to whether the parents reported any problems in accessing an emergency room.

Figure 78

Q20 In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*****	211	211	30.10	30.10
	No	*****	490	701	69.90	100.00
Chronic	Yes	*****	99	99	44.59	44.59
	No	*****	123	222	55.41	100.00

-----+-----+-----+-----
 20 40 60
 Percentage

-Prescription Drugs

There were no significant differences between the responses of the chronic and non-chronic group as to whether or not they had difficulty in accessing prescription drugs.

-Specialized Services

There were three questions of interest that addressed more specialized services, such as counseling, physical therapy and medical equipment. It is important to note that a limited number of respondents addressed these questions because their child did not have a need for these items in the six months prior to the survey. Only respondents whose child needed the particular specialized service evaluated how difficult it was to obtain that service. Only one survey question (Q58) revealed significant differences between parents of chronic children and those of non-chronic children. However, the number of parents addressing this question was so small (27) that the chi-square test of significance is not reliable. For the remaining specialized services, no significant differences emerged.

Realized Access or Obtained Care

-Appointments & Telephone Contact with Doctor's Office

As would be expected, parents of chronic children were more likely to report making an appointment for regular or routine care for their child, as is clear from **Figure 79**. **Figure 80** shows that parents of chronic children were also more likely to report making at least one call to a physician's office for help during the relevant time

period. Parents of chronic children were less likely than the parents of non-chronic children to report that they “always” got the help that they needed as a result of call to a doctor’s office, as **Figure 81** illustrates.

Figure 79

Q18 A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care. In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Yes	*****	352	352	50.21	50.21
	No	*****	349	701	49.79	100.00
Chronic	Yes	*****	144	144	64.86	64.86
	No	*****	78	222	35.14	100.00
-----+-----+-----+-----						
			20	40	60	
Percentage						

Figure 80

Q16 In the last 6 months, did you call a doctor’s office or clinic during regular office hours to get help or advice for your child?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Yes	*****	303	303	43.29	43.29
	No	*****	397	700	56.71	100.00
Chronic	Yes	*****	150	150	67.57	67.57
	No	*****	72	222	32.43	100.00
-----+-----+-----+-----						
			20	40	60	
Percentage						

Figure 81

Q17 In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Never		1	1	0.33	0.33
	Sometimes	*	15	16	4.98	5.32
	Usually	**	33	49	10.96	16.28
	Always	*****	252	301	83.72	100.00
Chronic	Never	*	5	5	3.33	3.33
	Sometimes	**	16	21	10.67	14.00
	Usually	**	18	39	12.00	26.00
	Always	*****	111	150	74.00	100.00
-----+-----+-----+-----						
			20	40	60	80
Percentage						

-Office Visits , Specialist Visits

Parents of chronic children were significantly more likely to report making visits to a doctor's office in the six months prior to the survey. This report included all doctors' offices or clinics, but excluded visits to an emergency department. **Figure 82** provides more detailed information.

As for more specific information about care received, parents of children with a chronic condition were also significantly more likely to report that their child had been seen by a specialist in the six months before the survey, as is illustrated by **Figure 83**.

Figure 82

Q24 In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	0	*****	247	247	35.24	35.24
	1	*****	159	406	22.68	57.92
	2-4	*****	242	648	34.52	92.44
	5 or more	**	53	701	7.56	100.00
Chronic	0	***	37	37	16.74	16.74
	1	***	35	72	15.84	32.58
	2-4	*****	114	186	51.58	84.16
	5 or more	***	35	221	15.84	100.00
-----+-----+--						
			20	40		
Percentage						

Figure 83

Q13 In the last 6 months, did your child see a specialist?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Yes	***	98	98	13.98	13.98
	No	*****	603	701	86.02	100.00
Chronic	Yes	*****	73	73	32.88	32.88
	No	*****	149	222	67.12	100.00
-----+-----+-----+--						
			20	40	60	80
Percentage						

-Emergency Department

Chronic children were also more likely than non-chronic children to have visited an emergency department more than one time in the 6 months before the survey, according to parental report. No visits were reported by 81% of respondents with a non-chronic child, which is higher than the 73% in the chronic group. As would be expected, the chronic group was twice as likely to report 2 or more visits to an ED in the six month time period. (C:8% v. NC:4%)

Figure 84

Q23 In the last 6 months, how many times did your child go to an emergency room?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	0	*****	568	568	81.38	81.38
	1	***	105	673	15.04	96.42
	2-4	*	24	697	3.44	99.86
	5 or more		1	698	0.14	100.00
Chronic	0	*****	163	163	73.42	73.42
	1	****	42	205	18.92	92.34
	2-4	*	15	220	6.76	99.10
	5 or more		2	222	0.90	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

-Prescription Drugs

The chronic group was also significantly more likely to report having receiving a new or refilled prescription than the non-chronic group. There were not, however, significant differences between the two groups as to whether or not parents reported that they “always” received the needed medication.

Figure 85

Q78 In the last 6 months, did your child get any new prescription medicine or refill a prescription?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	*****	297	297	42.37	42.37
	No	*****	404	701	57.63	100.00
Chronic	Yes	*****	190	190	85.59	85.59
	No	***	32	222	14.41	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

Timeliness of Obtaining Appointments, Care, and Plan Approval

There were no statistically significant differences between the responses of parents based on the chronicity of the target child with regard to any of the issues of timeliness in obtaining services.

QUALITY

Communication

- Doctor-Patient , Doctor-Parent and Office Staff Communication

Only one survey question on these issues revealed statistically significant differences between the chronic and non-chronic groups. The chronic parents were significantly more likely to report that their child's health care provider "always" talked with the parent about how the child is feeling, growing or behaving. Correspondingly, the non-chronic group was more likely to report that their doctor "never" discussed these issues.

Figure 86

Q7 In the last 6 months, how often did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving?

				Cum.		Cum.
			Freq	Freq	Percent	Percent
Non_chr	Never	***	68	68	15.49	15.49
	Sometimes	*****	103	171	23.46	38.95
	Usually	***	62	233	14.12	53.08
	Always	*****	206	439	46.92	100.00
Chronic	Never	**	14	14	7.65	7.65
	Sometimes	****	36	50	19.67	27.32
	Usually	***	29	79	15.85	43.17
	Always	*****	104	183	56.83	100.00
-----+-----+-----						
			20	40		
			Percentage			

Capacity to Provide Quality Care

-Length of Visits and Understanding Effect of Patient's Health

The parents of non-chronic children were significantly more likely to report that their child's doctor "always" spent enough time with their child. Interestingly, there were no statistically significant differences in the responses of the chronic and non-chronic groups as to whether or not doctor understood how a child's health condition affected his or her daily life.

Figure 87

Q38 In the last 6 months, how often did doctors or other health providers spend enough time with you and your child?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Never/Sometimes	*	29	29	6.40	6.40
	Usually	**	79	108	17.44	23.84
	Always	*****	345	453	76.16	100.00
Chronic	Never/Sometimes	**	23	23	12.43	12.43
	Usually	***	41	64	22.16	34.59
	Always	*****	121	185	65.41	100.00
		-----+-----+--				
		30 60				
		Percentage				

Preventive Care

There were no statistically significant differences between the two groups in rates of parental recall of receiving notices for check-ups and immunizations for children less than 2 years old. Similarly, there were no significant differences between parental reports of actually having check-ups and immunization shots for their children.

Bureaucracy

Bureaucracy refers to parental experiences with the administrative aspects their child's health plan. Only one question on this issue revealed statistically significant differences between parents based on the target child's chronicity. The parents of children with a chronic condition were significantly more likely to report placing a call to the customer service department of their child's health plan. It is encouraging that there were no significant differences in response to a follow-up survey question that asked whether or not those parents who called customer service had any problems in obtaining

assistance. No statistically significant differences between the parents of chronic children and those with non-chronic children emerged as to any of the other survey questions dealing with bureaucratic issues such as paperwork and plan information.

Figure 88

Q 73 In the last 6 months, did you call the health plan's customer service to get information or help for your child?

			Freq	Cum. Freq	Percent	Cum. Percent
Non_chr	Yes	****	136	136	19.51	19.51
	No	*****	561	697	80.49	100.00
Chronic	Yes	*****	59	59	26.58	26.58
	No	*****	163	222	73.42	100.00

-----+-----+-----+-----+
20 40 60 80
Percentage

SATISFACTION

This section of the report has focused on areas in which there were statistically significant differences between parents based on the chronicity of the target child. A very important finding, however, is the absence of significant differences with regard to satisfaction. None of the satisfaction questions showed differences between chronic and non-chronic groups.

SUMMARY

In general, the target children were reported to be in excellent or very good health at the time of the survey, according to their parents. Few parents reported that their child had any physical limitation or needed any specialized medical services or equipment.

As for how care was delivered, most of the parents reported that their child had a personal physician at the time of the survey. There were also very high indicators of continuity of care. Few of the children were reportedly assigned to a new physician upon enrollment in Health Choice and most parents reported a relationship with that personal physician that was in place for at least two years. Pediatricians saw most children with the general practitioners as the next most common provider.

The surveyed parents reported few perceived barriers to obtaining healthcare for their children. Few parents reported problems obtaining access to health care in general or primary care, urgent care, specialty care or prescription medication in particular.

Most parents did report at least one visit to a health care provider for routine or regular health care for their child. Similarly, most parents reported that their child either had a prescription medication refilled or received a new prescription medication. However, the majority did not report any visits to an Emergency Room during the relevant time period.

The majority of those parents who did access the health care system for their child during the relevant time period reported that they typically received care in a timely fashion. The majority reported that they usually or always got appointments for routine or regular care as soon as was desired. Most parents also reported obtaining urgent care as fast as needed. A somewhat lower majority of parents reported that they never waited more than 15 minutes past their child's appointment time. Finally, few parents reported any problems with delays in health care caused by lags in health plan approval.

As for quality measures, most parents were happy with the respect and courtesy that they and their child received from the staff at doctor's offices. Parents also made favorable reports about the consistency of all levels of communication with their child's doctor. There was, however, room for improvement with regard how frequently providers educate parents about skills needed to care for the health of their children. Similarly, there is room for improvement in the support that providers offer to parents in how to care for their child at home. However, on another quality measure, most parents were pleased with the amount of time that their child's doctor spent with them and the target child.

Finally, most parents were highly satisfied with the level of care provided to their child. The means of satisfaction ratings for all aspects of care, including the health plan rating, were above 8.5 on a scale of 0 to 10.

Addendum

Discussion of the Effects of Oversampling for Mecklenburg County

The Health Choice recipients of Mecklenburg County were oversampled to increase the size of the sample for collecting information about this program. Because Mecklenburg County had the technology to rapidly obtain phone numbers for these recipients, a decision was made to take that route. However, in inspecting the difference between Mecklenburg and the rest of the counties, Mecklenburg showed a far greater proportion of Black recipients. Therefore, the responses to all survey questions for parents in Mecklenburg County were compared to responses of parents in the other 99 counties. Then an analysis of the questions by ethnicity (Black vs White) was also performed. Most questions did not show any statistically significant differences either between Mecklenburg County and the other 99 counties or between Black and White recipients. However, for most of the few questions that did reveal differences between Mecklenburg and the other 99 counties, there were also differences between Black and White groups. In every case where there was a difference, the differences favored those respondents not from Mecklenburg and favored the White recipients.

In a further analysis the data were weighted for oversampling of the Mecklenburg group. When that analysis was done the overall picture of the results of the survey presented in the earlier section hold true.

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